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Bib Data Sheet

CONFIRMATION NO. 9454

<b>SERIAL NUMBER</b> 09/832,269	<b>FILING OR 371(c) DATE</b> 04/10/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 3614/174
<b>APPLICANTS</b> Gholam Peyman, New Orleans, LA; Alan Y Chow, Wheaton, IL;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> LA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 21 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> KENT E. GENIN BRINKS, HOFER, GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610				
<b>TITLE</b> RETINAL TREATMENT METHOD				
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>APPLICANTS</b> Gholam Peyman, New Orleans, LA; Alan Y. Chow Wheaton, IL.				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b>				
<b>GRANTED ** 05/15/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> LA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 25
Certified and acknowledged Examiner's Signature <i>2.1f</i> Initials				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Beverly A. Lyman Wood, Herron & Evans, L.L.P. 2700 Carew Tower 441 Vine Street Cincinnati, OH 45202-2917				
<b>TITLE</b> Reinal treatment method				
<b>FILING FEE RECEIVED</b> 364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	